POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

ISSUE SLIP STAPLE AREA (for additional cross references)

ID NO. DATE

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INDEX OF CLAIMS

~	Rejected	Ν	Non-elected
	Allowed		Interference
	(Through numeral) Canceled		Appeal
÷	····· Restricted		Objected

Claim			÷		0	Objected	t
The state of the			Date	Claim	Date	Claim	Date
2 x	Final (1)	111 91/1/63		Original 151		Final	Dale
S S S S S S S S S S	3	=		52		102	
S S S S S S S S S S	6	<u>;</u>		55 56		105	
15	9	2		58		108	
15	11 12	11114.		61		110	
15	(15)	V		64		113	
19	16	0		66 67		116	
21	/ 19 20			69		119	
24	22			72		121	
27	25			74 75		124	
30	27 28			77 78		127	
S2	30 31			80		130	
35	33 34			83		132	
88	36			86		135	
41	39			88		138	
93 143 144 144 154 155 165 165 165 165 165 165 165 165 165	41			91		141	
46 96 146 47 97 146 48 98 148 49 99 148 50 149 149	44			94		143	
49 99 148 149	47			96		146	
	49			99		149	

If more than 150 claims or 10 actions staple additional sheet here ALABLE COPY